

## **UTILITY PATENT APPLICATION TRANSMITTAL**

(for new applications under 37 C.F.R. § 1.53(b))

22390 U.S. PTO  
10/730545  
120803

Customer Number: **000201**  
Attorney Docket Number: **J6854(C)**  
Applicant: **Pravin SHAH; Vivek SUBRAMANIAN; Judith Lynne KERSCHNER;  
Xiaodong ZHANG; Rajendra M. DAVE; Frank MEYER**  
For: **SELF FOAMING NON-AQUEOUS PERSONAL WASH CLEANSERS WITH  
LITTLE OR NO SURFACTANT**  
Express Mail Label No.: **ER 015863869 US**  
Date Deposited: **December 8, 2003**  
UNUS #: **02-R367-EDG**  
Assignee: **Unilever Home & Personal Care USA, Division of Conopco, Inc.**

To: **Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

Mail Stop: Patent Application

### **APPLICATION ELEMENTS**

1. ☒ Fee Calculation (Box 13) and Authorization (Triplicate copies of this form are enclosed)
2. ☒ Specification and Claims (16) Total Pages
3. ☐ Formal or Informal Drawings ( ) Total Sheets
4. ☒ Unexecuted Declaration
5. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper copy (identical to computer copy)
  - c. ☐ Statement verifying identify of above copies.

### **ACCOMPANYING APPLICATION PARTS**

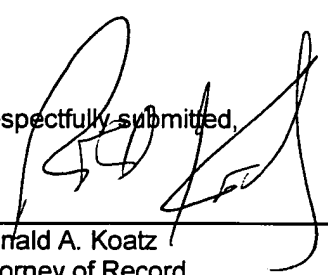
6. ☐ Information Disclosure Statement (IDS)/PTO-1449
7. ☐ Copies of IDS citations
8. ☐ Preliminary Amendment
9. ☒ Two (2) Return Receipt Postcards
10. ☐ Certified Copy of Priority Document
11. ☐ The benefit under 35 U.S.C. § 119 is claimed of the filing of:
12. ☐ Other:

13. ☒ The FILING FEE (including any claims introduced or cancelled by Preliminary Amendment) is calculated below:

| CLAIMS                 |              |           |              |                    |
|------------------------|--------------|-----------|--------------|--------------------|
| FOR                    | NUMBER FILED |           | NUMBER EXTRA | RATE               |
|                        |              |           |              | BASIC FEE \$770.00 |
| Total Claims           | 4 - 20       |           |              | X \$ 18.00         |
| Independent Claims     | 1 - 3        |           |              | X \$ 86.00         |
| Multiple Claims        | <u>Yes</u>   | <u>No</u> |              | X \$290.00         |
| TOTAL FILING FEE . . . |              |           |              | \$770.00           |

14. ☒ Charge \$770.00 to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
15. ☒ The Commissioner is hereby authorized to charge any additional fees, which may be required, including all required fees under
- ☒ 37 C.F.R. § 1.16;
  - ☒ 37 C.F.R. § 1.17;
  - ☒ 37 C.F.R. § 1.18.
16. ☒ **Correspondence Address:**  
Customer Number: 000201

Respectfully submitted,

  
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Ronald A. Koatz  
Attorney of Record  
Reg. #31,774

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